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**** CONTINUING DATA *******

This appln claims benefit of 60/448,529 02/21/2003 *NONE*

**** FOREIGN APPLICATIONS ********NONE**AG 6/2/06***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/12/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 15	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>6/2/06</i> Initials			

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TITLE

Spinal fluid introduction

FILING FEE RECEIVED 1532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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